

Questionnaire

For advice about the double child benefit for children with intensive care

What does the Prevention Clinic do?

The Prevention Clinic provides for an independent assessment of whether children aged 3 to 17 years need intensive care. We do this using this form and the information we may ask you for later. We then give advice to the RCN unit SZW about the degree of care your child needs. The RCN unit SZW will then decide whether you will receive the double child benefit.

Filling in this form

Answer the questions as completely as possible. So that we can assess your child's situation better. You can provide an explanation for each question if you wish. Do you have questions while filling in this form? Make an appointment via **3182981**.

Privacy

There is also an application form with authorization. Complete this form fully and submit it along with this questionnaire. On the application form you can read which information will be shared.

Prevention clinic handles your child's data with care. We adhere to the Wet Bescherming Persoonsgegevens BES, visit www.wetten.overheid.nl/BWBRoo28067/2015-01-01.

1. Details child

Initials	Name	Gender
		☐ Male ☐ Female
Surname		
Date of birth	ID number sedula	

2. Details parent/guardian with custody

Initials	Surname	
		☐ Male ☐ Female
E-mailaddress		
Telephone number	Optional second telephone number	
What is your relationship to the child? ☐ Parent with custody ☐ Guardian with custody		

3. Description child

Can you tell us something about your child? What kind of character does your child have? What does your child enjoy doing?

Continue on the next page.

4. Illness/condition of child

What (chronic) illness or condition does your child currently have?

Illness or disease 1

Which doctor, specialist or practitioner made this determination? (name and position)

Illness or disease 2

Which doctor, specialist or practitioner made this determination? (name and position)

Illness or disease 3

Which doctor, specialist or practitioner made this determination? (name and position)

If you enclose a letter from the doctor, specialist or practitioner stating what illness or condition your child (including date of birth) has, we can process your application more quickly.

Does your child use medication?

☐ No

☐ Yes ► *If you include your child's pharmacy medication list for the last 12 months, we will be able to process your request faster.*

How do you notice the disease or condition in your child?

Continue on the next page.

5. Care

Body hygiene (keeping the body clean)

Can your child wash/shower and dry him/herself?

- ☐ My child can do this by him/herself
- ☐ Someone needs to be there to explain how to do this
- ☐ Someone should do this for my child or help him/her with this

Can your child dress and undress him/herself?

- ☐ My child can do this by him/herself
- ☐ Someone needs to be there to explain how to do this
- ☐ Someone should do this for my child or help him/her with this

Can your child brush his/her teeth?

- ☐ My child can do this by him/herself
- ☐ Someone needs to be there to explain how to do this
- ☐ Someone should do this for my child or help him/her with this

Explanation body hygiene

Toilet independence

Does your child ever wet him/herself **during the day**

- ☐ No
- ☐ Yes
- ☐ My child needs a diaper during the day

Explanation toilet independence

Continue on the next page.

5. Care (continued)

Food and drink

Can your child eat and drink by him/herself?

- ☐ My child can eat and drink by him/herself
- ☐ I have to take the food to his or her mouth. This is due to the disease or condition
- ☐ I have to keep reminding my child to eat or continue eating during all meals. This is due to the disease or condition
- ☐ The chances of my child choking are high. This is why someone should always be present
- ☐ My child receives tube feeding (eating through a tube)

Explanation eating and drinking

Mobility (walking)

Can your child walk by him/herself?

- ☐ My child can walk all by him/herself
- ☐ My child uses a tool to help him/her
- ☐ My child cannot walk by him/herself

Explanation mobility

Medical care

Is your child receiving nursing care at home?

- ☐ No
- ☐ Yes

Is your child receiving tube feeding or TPV (total parenteral nutrition)?

- ☐ No
- ☐ Ready-to-use tube feeding or TPV
- ☐ Non-ready tube feeding or TPV
- ☐ The nutrients must be given separately

Explanation medical care

Continue on the next page.

6. Looking after the child (babysitting)

Behaviour

Does your child have **serious** behavioral problems?

- ☐ No ► *Go to 'Communication (talking)'*
☐ Yes

Does someone have to watch your child because of these behavioral problems?

- ☐ No
☐ Only if the behavioral problems are present
☐ Always

Explanation behavior

Communication (talking)

Can your child talk?

- ☐ My child can talk
☐ My child only uses single words to talk
☐ Not everyone understands my child
☐ My child cannot talk

Explanation communication

Being home alone

Can your child be home alone for more than 30 minutes?

- ☐ Yes ► *Go to 'Guidance outside home'*
☐ No

If your child cannot be home alone for more than 30 minutes is this due to your child's illness or condition?

- ☐ Yes
☐ No

Explanation being home alone

Continue on the next page.

6. Looking after the child (continued)

Guidance outside home (alone outside)

Does someone need to watch your child outside?

- ☐ No ► *Go to 'Occupation, handouts'*
☐ Yes, someone should regularly check on my child
☐ Yes, always

If someone has to look after your child, is it because of your child's illness or condition?

- ☐ Ja
☐ Nee

Explanation guidance outside

Occupation

Can your child entertain him/herself or be busy on his own?

- ☐ My child can entertain him/herself for a while
☐ My child cannot entertain him/herself at all

Should someone fill in your child's day?

- ☐ No
☐ My child sometimes needs extra structure, preparation or guidance
☐ My child needs a full, complete layout of the day
☐ My child needs personal attention and encouragement to do something all the time
☐ Our family's life is completely adjusted because my child has a serious illness or condition

Explanation Occupation

Continue on the next page.

7. Education or day care activities

Does your child attend school,
day care or a nursery?

- ☐ No
☐ Yes, to a regular organisation
☐ yes, to a specialised organisation

Explanation education or day care

8. Other information

Is there any other information that is important to us? For example, does your child receive counseling at home or therapy? Or does your child attend any type of care or counseling other than those mentioned in question 7?

9. Declaration and signature of applicant

Initials

Surname

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Date (DD-MM-YYYY)

Signature

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Place														

By signing, you declare that you have completed the form truthfully.